

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-476)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st ALLOCATION		AFTER 2nd ALLOCATION								
	INO.	DEF.	INO.	DEF.	INO.	DEF.		INO.	DEF.	INO.	DEF.	INO.	DEF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							66						
7							67						
8							68						
9							69						
10							60						
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43							93						
44							94						
45							95						
46							96						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL INO.	2						TOTAL INO.						
TOTAL DEF.	12						TOTAL DEF.						
TOTAL	14						TOTAL						